

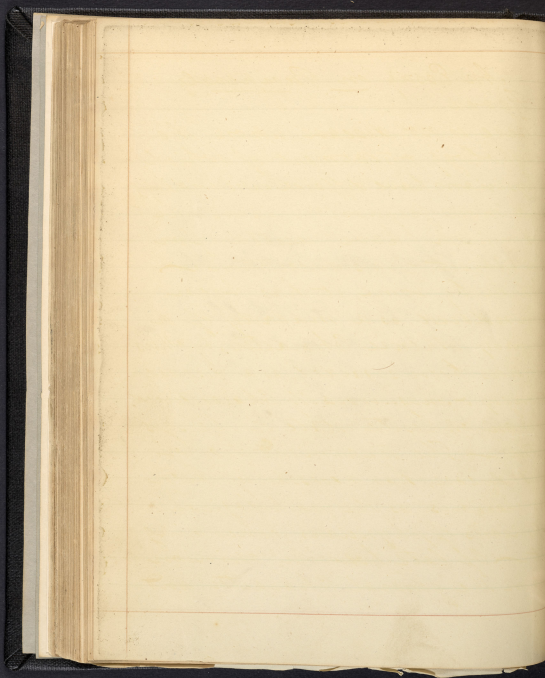
An Essay on Malarial
Fever
by John Hendree
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admitted March 7th 1821

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Admitted March 11 1881



An Essay on Puerperal
Fever

There is no disease, upon the pathology & treatment of which, physicians have differed more widely, and more frequently, than the one which I have selected for the subject of this dissertation.

While by some, it has been considered as a malady of a highly sthenic Character, by others it has been regarded, as a disease strongly & unequivocally Characterised, by an opposite state of the system — The treatment too, of this disease, has necessarily been as various, as the pathological opinions of physicians concerning it — Of late however, opinions upon the general Character and

treatment of this disease, is more settled; and it appears now to be pretty generally conceded, that it, is in the majority of instances, essentially an inflamm-
-matory one, & that consequently, the treatment best adapted to its cure, must be depletory and decidedly antiphlogistic.

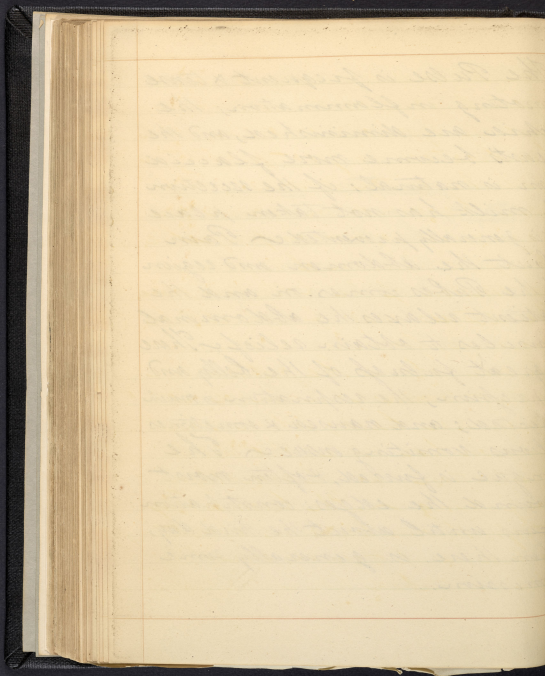
But, we will proceed to give the symptoms of the disease.

This disease most generally occurs, on the third or fourth day after delivery. The period of its attack says Mr. Hay "took place under my own observation, at all times, from twenty hours after delivery, to the sixth day; and I have heard of its occurring after a week. In a large

" proportion of cases, the disease
" made its appearance about, or
" within the expiration of forty
" eight hours

These variations in the period
of attack, may arise from several
causes — The disease often comes
on, in an insidious and obscure
manner. Most frequently it com-
mences with chills, which vary
considerably in their violence
and duration — These are
followed by great heat and
dryness of the skin; the face
is usually pallid after the heat
has gone off, the countenance
expressing much anxiety; pain
in the head of a peculiar kind,
viz. as if a cord were forcibly
bound around the fore-head —

The Pulse is frequent & tense denoting inflammation; the lochia are diminished, and the breasts become more flaccid than is natural; if the secretion of milk has not taken place it is generally prevented. Pain about the abdomen and region of the Pubes comes on and the patient relaxes the abdominal muscles to obtain relief. There is great fulness of the belly and oppression; the respiration is much affected; and nausea & sometimes bilious vomiting ensue. The Tongue is furred, & often moist around the edges; constipation occurs until about the third day, when there is generally some remission.

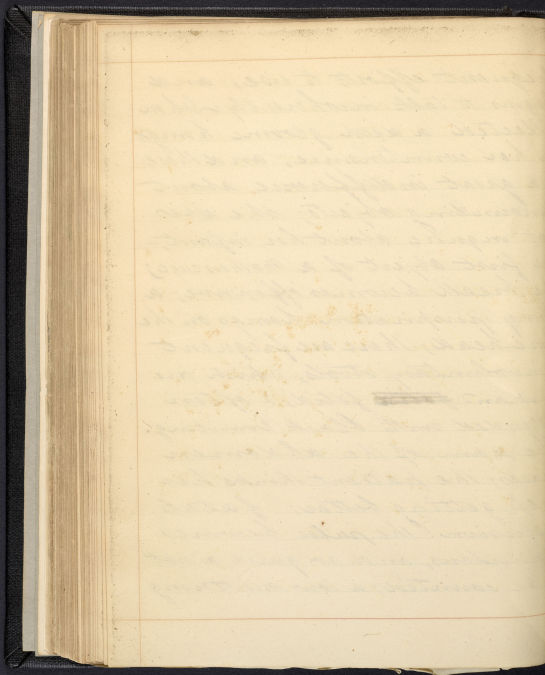


The disease not being arrested here, it goes on to the second stage or Typhoid condition, which is indicated by great prostration of all the vital powers. The Pulse becomes increased in frequency, soft & compressible.

A rapid increase of the fulness and tension of the belly takes place.

The Uterus may frequently be perceived, forming a distinct tumour above the pubes. The patient is much inclined to lay on her back; when she turns on her side, she feels a sensation, as if something was falling. She becomes very restless, throws her arms about the bed, as if to remove something which disturbed her. She makes

frequent efforts to rise, and begins to talk incoherently. When collected a deep gloom hangs on her countenance, and there is a great indifference about surrounding objects; she does not inquire about her infant, - the first object of a Mother's care; the breast becomes offensive; a dewy perspiration hangs on the fore-head; there are frequent & involuntary stools, which are dark and ~~black~~ fetid, & often attended with black vomiting. The pain of the abdomen ceases; the patient thinks herself getting better; fatal delusion! The pulse becomes tremulous, and so quick, as not to be counted; a low muttering



delirium ensues; the tongue becomes
dry & brown, and if the disease
is of long continuance, the teeth
become covered with sores; pur-
ple spots appear on the body and
the whole surface is covered
with a clammy sweat. The
patient sinks into stupor, which
is followed by effusion, suppurating,
and the fair sufferer is relieved
by death —

Diagnosis.

In peritonitis swelling,
tension, & pain of the abdomen,
are among the most prominent
symptoms. The swelling
increases rapidly; the pulse
is frequent small & sharp; the
tongue clean or white and dry.
In puerperal fever there is more

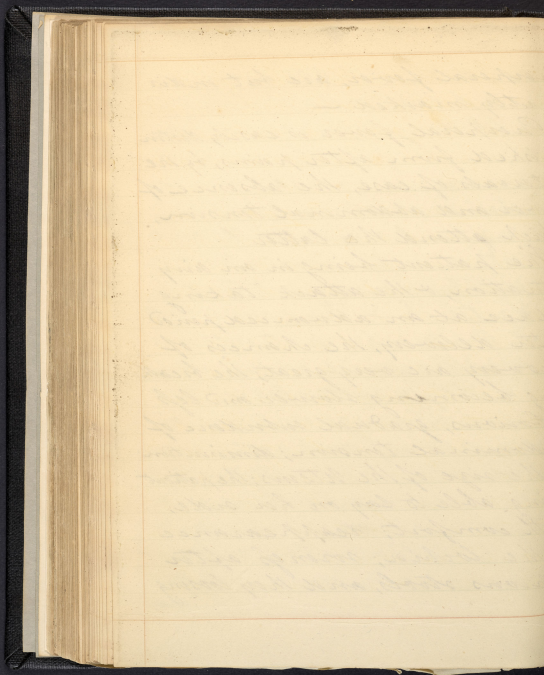
despondency, debility, and head
ach; less heat of the skin, thirst,
and flushing of the face. Perito-
nitis never arises from contagion,
or prevails as an epidemic.

In inflammation of the
uterus, the pain is dull, and
situated in the lower part of
the belly, which is not tender
to the touch. The pain is not
felt when the patient lies
still. The pulse varies con-
siderably, & is not so full. The
lochia discharge continues, and
the secretion of milk is not checked.
Lancinating pains through the
uterine region are felt. The
diagnosis, between Peritoneal and
uterine inflammation, as they
most commonly occur, and ~~the~~
purposal

Puerperal fever, are but indistinctly marked. —

Puerperal fever is easily distinguished from after pains, by the intervals of ease, the absence of fever and abdominal tension, which attend the latter.

The patient being in an airy situation, & the attack taking place at an advanced period after delivery, the chances of recovery are very great; the breaking becoming slower and less laborious, gradual subsidence of abdominal tension; diminution of the size of the uterus; the patient being able to lay on her side, with comfort; reappearance of the lochia; soreness after copious stools, and then loosing



Their fetid smell; the pulse becoming slower, with a moist skin, and having a natural feel, afford a favourable prognosis —

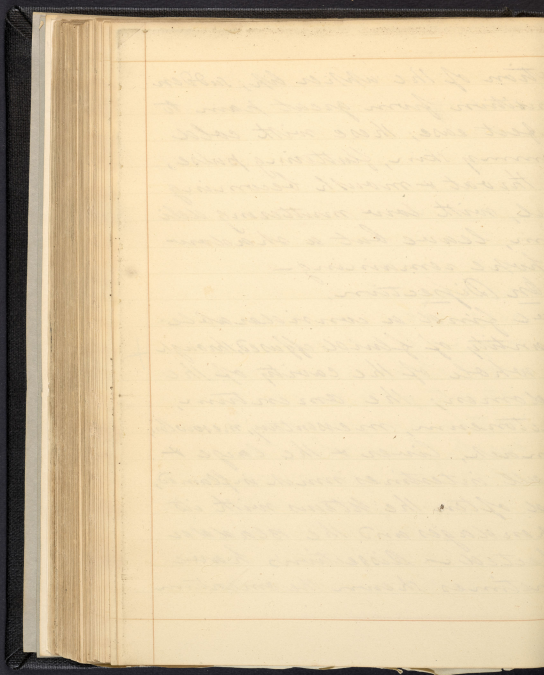
Unfavourable Prognosis —

The disease occurring in large towns, or in crowded Hospitals, and at an early period after delivery, the chances are against recovery — great swelling of the belly, and its rapid increase, when the patient feels or complains but little is unfavourable; so is an excess of somnolence, to be succeeded; frequent sighing; agitated countenance; great restlessness and tossing about the bed; tremors of the limbs, twitching of the tendons, convulsive

motion of the upper lip; sudden transition from great pain to perfect ease; these with cold clammy skin, fluttering pulse, the throat & mouth becoming foul, with low muttering delirium, leave but a shadow of hope remaining—

On Dissection.

We find a considerable quantity of fluid effused, through the whole of the cavity of the abdomen; the omentum, peritoneum, mesentery, mesocolon, stomach, liver & the large & small intestines much inflamed, and often the uterus with its appendages and the bladder affected—Dissections have sometimes shown the omentum



to be torn across; - this event, however is rare. We find also occasionally, by dissection that the swelling is not always proportioned to or dependant on the inflammation or effusion, but on flatus and constipation -

Prophylactics

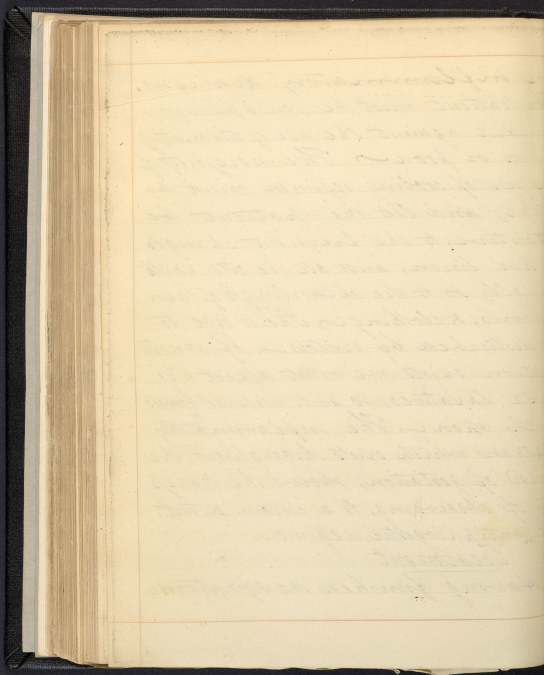
During gestation, the bowels should be kept open (if not sufficiently so naturally) by mild laxatives. If there be too high a state of arterial action, depletion is necessary; gentle exercise in the open air should be used. Crowded assemblies, & every adventure whereby any mechanical means may do injury to the woman

must be avoided, when
the time arrives to require
the attendance of the Accou-
-cheur, let him direct that the
apparentment be properly conti-
-nued, & cleansed; the mind of
the patient, is to be kept in a
state of calm repose; all solici-
-tude about delivery to be
quieted — During labour, great
delicacy on the part of the Accou-
-cheur, is required he taking
particular care to avoid all
unnecessary interference with
the patient; and when nature
requires his assistance he must
cautiously avoid doing violence
to any of the parts, concerned
in labour, particularly if
there exists any appearance of

an inflammatory diathesis. The patient must be carefully guarded against the use of stimulating drinks or food. The necessity of the use of cooling regimen must be urged; and let the patient be attentive to the frequent changes of her linen, and all the attendants equally so to the cleanliness of their persons, & clothing. She is not to be disturbed by visitors. If constipation exists we must direct the mild laxatives, so as to keep the bowels gently open. The inflammatory diathesis which exists throughout the period of gestation, shows the necessity of observing, to a certain extent, the antiphlogistic regimen.

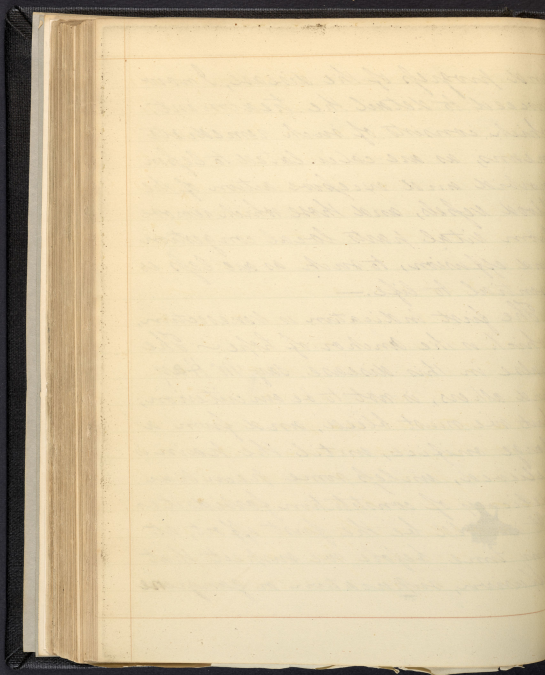
Treatment

Having finished the symptoms



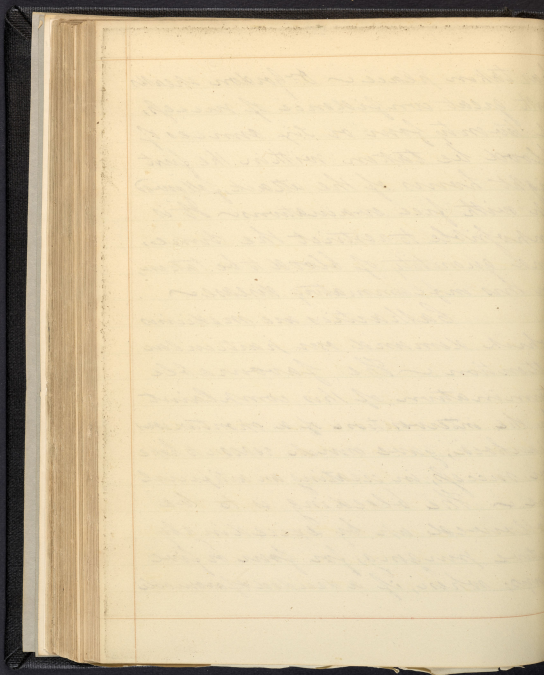
and progress of the disease, I now proceed to detail the treatment, which consists of such remediate means, as are calculated to lessen morbid and excessive action of the blood vessels, and those which remove from vital parts local congestion and effusion, to such as are less essential to life.—

The first indication is amputation, which is the anchor of hope. The pulse in this disease, say Mr. Hay and others, is not to be our criterion; but we must bleed, and from a large orifice, until the pain is relieved, unless some peculiar delicacy of constitution forbids it. It ~~must~~ be the first effort, at any time before we suspect that effusion, supuration or gangrene



has taken place - Dr. Gordon speaks
with great confidence of success,
if twenty four or six ounces of
blood be taken within the first
eight hours of the attack, followed
up with free evacuations - It is
impossible to restrict the time,
and quantity of blood to be taken,
in this inflammatory disease -

Cathartics are medicines
which demand our particular
attention - The favourable
termination of this complaint
by the intervention of a spontaneous
diarrhoea, gave much reason to hope
for success in creating an artificial
one - The bleeding is to be
followed up by exceedingly
active purging, for four or five
days; when, if a decided & favourable



impression is made, the liquids
are to be kept in a soluble state
by the neutral salts.

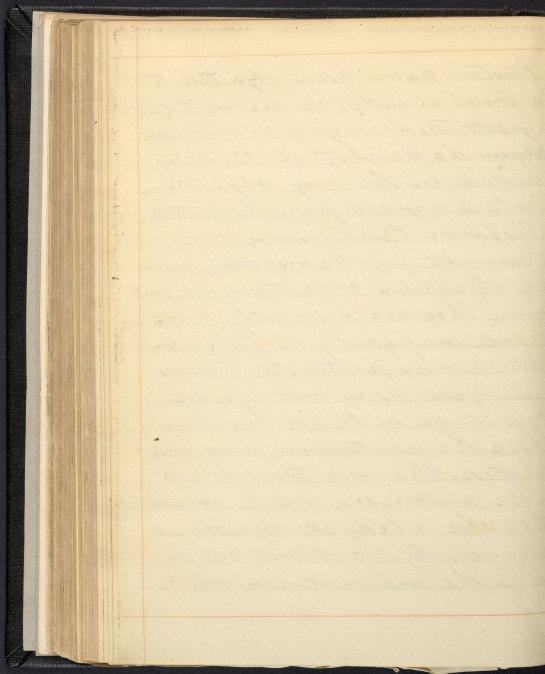
Dr. Gordon recommends the use
of opiates every night, that the
patient may be the better able
to stand the purging; the next
day — Mr. Hay is directly opposed
to him in his practice, as evil
consequences were the result, when
he prescribed them. To reconcile
his practice appears by no means
difficult; the cases which occurred
at Leeds were much more
inflammatory than those which
occurred at Aberdeen, as is manifest
in the treatment. As the
commencement depletion was
carried to a much greater extent
at Leeds, than at Aberdeen; and

we find a repetition of its demand,
when at Aberdeen, arterial excite-
ments was reduced by the first
bleeding - Here then opiate given,
would afford relief, when if given
at Leeds, they would do mischief.

Emetics have been used as
auxiliaries to other medicines, and
with success. Dr. Burns rejects
them; he says "if no relief
"is obtained from natural vomiting
"we cannot expect any from
"artificial. - If emetics be used,
it should be before there is a
high state of arterial action; &
preference should be given to
the combination of Ipecacuanha
& Tart. Antimony, the former for
its promptitude and the latter
for its certainty. -

Blisters have been objected to
as a local remedy, on account of
the great tenderness of the abdomen;
to show the necessity of Blisters
founded on the very objection,
I quote a passage from the lectures
of Professor Chasman,

"I cannot (says the professor) perceive
any objection to Blisters in puerperal
fever. They are eminently bene-
ficial, confessedly in Enteritis
gastritis, & in peritonitis. I have
employed them with equal
advantage in Child bed fever
where the peritoneum was im-
plicated. The very tenderness
of the abdomen, which consti-
tutes the alleged objection is
relieved by the blister, and is
one of the circumstances, which



"in my opinion calls for its
"application—

Blisters may also be applied
to the back of the neck, to relieve
pain in the head—As auxiliary
to other means, says Mr. Hay, we
may use fomentations of warm
water to the abdomen.

The late Dr. Dorsey of this
city, & Hippocrates before him,
recommended cold affusion.

Mr. John Brunan of Dublin,
some years ago, published a paper
on the great efficacy of the Oil
of Turpentine in puerperal fever,
he exhibits it freely in every
stage of the disease, at the same
time using it externally by means
of cloths to the abdomen.

Professor Chapman, in his

Therapeutics, when treating of the
turpentine, speaks of the practice
of Mr Brennan & says "of this treatment,
"my theoretical notions will not
"allow me to approve, though
"I am not willing altogether to
"condemn it entirely. The action
"of turpentine is very peculiar, as
"is illustrated in scalds, burns, and
"some other cases, and it is not
"absolutely absurd to suppose,
"that it may, in the same way,
"counteract peritoneal inflam-
"mation, which seems to have
"constituted the cases of puerperal
"fever in which it was employed.

Professor James is of opinion
that the practice of Mr Brennan is
bold and by no means judicious,
as it regards the internal use of

Al. Ferribinck; at least, he would not resort to the exhibition of the medicine in the early stage of the disease, while he could command such other means as he considers more safe, and more efficient in subduing it; but, the professor thinks it may be used externally to the abdomen as a rubefacient, with advantage equally so with the Sp. Camphor, and that it may be exhibited internally in the sinking condition.

Since the appearance of the paper of Mr. Breton, alluded to by professor Chapman, he (Mr. Breton) has made a communication to the Editors of the Medical & Surgical Journal & Review for 1816 where in he repeats the

great success which attended the
use of the turpentine, not only in
puerperal fever, but in various
diseases, as an extract from his
paper will show.

• In my private practice as a
• physician in Dublin (says Mr.
• Brenan) I have saved the lives
• of thousands since that period
• by the judicious exhibition of
• the Spt. of turpentine, as an adjunct
• to other medicines, in various
• diseases; and I have had the
• satisfaction to find many
• worthy men amongst my medical
• brethren, who have adopted my
• practice with success & grateful
• acknowledgements.

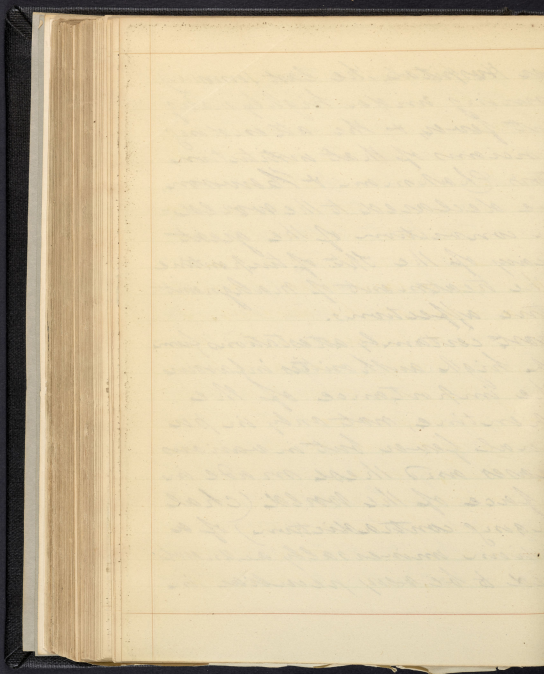
Mr. Brenan then goes on to state
two cases of puerperal fever, which

in conjunction with some highly respectable physicians, he treated with success, by the exhibition of the Spt. of turpentine in doses of a half ounce, at the same time applying it to the abdomen, he resorted to it both in the highly inflammatory and low state of the disease, he also prescribed it as an enema from which he derived much good.—

With great deference to the opinion of every gentleman, with whom I may differ as to the powers of the Spt. of turpentine, that it is a medicine sui generis, in its action, will not be denied, we do know this medicine was exhibited freely to patients (at the yellow

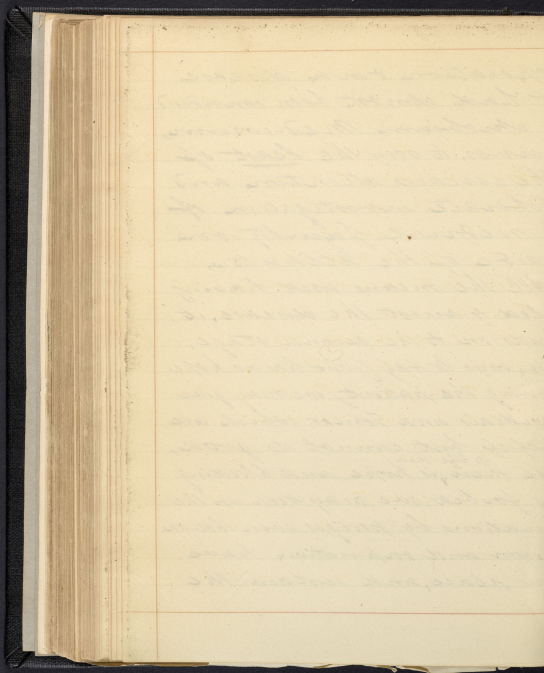
fever hospitals, the last summer) labouring under highly malignant fever, & the attending physicians of that institution Doctors Chapman & Thomson, have declared to the world their conviction of the great efficacy of the *Stt.* of turpentine in the treatment of malignant gastric affections.

Most certainly attestations from such high authorities in favour of the importance of the turpentine, not only in *pe-*
-riodical fever but in various diseases and these made in the face of the world (challenging contradiction) of a medicine universally acknowledged to be very peculiar in



its operation & in a disease
that had almost been considered
an apoplexy. Medicorum,
deserves, to say the least of
it the serious attention and
deliberate investigation of
the medical faculty on
this side of the Atlantic.

All the means used having
failed to arrest the disease, it
proceeds on to the second stage,
when, says Mr Hay (who has no hope
of saving the patient) we may give
the cordials and Tonics which are
grateful but cannot do good,
while ^{is life then,} there is hope and bleeding
being forbid we may keep up the
evacuations by purges even though
effusion and supuration have
taken place, and sustain the



patient with nutritious diet -

Thus have we treated of a disease that commits its ravages on the fairest portion of Creation. Having failed to effect a cure, do we rest here contented and search no further for its antidote? no, let us analyze all nature, inquire into the animal, the vegetable and the mineral kingdoms, and see what resources we have there, let difficulty, imminent difficulty, energetic man, must rise superior to them all when engaged in the great cause of humanity, once having gained the point, he dispels all fear and alarm & will have achieved a noble end, the laurels which then await him

are more reasonable than the
golden fleece or the Roman
Eagle, and while he gently
glides on to "another and a better
world" each fond mother will
teach her sucking babe to prattle
his name, and thus will his
memory be cherished "until
the streams of time shall
be absorbed in the abyss of
Eternity." "

